Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT AS FILED CLAIMS Indep Depend Indep Depend Indep Depend Depend Indep Depend Indep Depend Indep 52 53 54 56 .57 .. 63 . 65--67 17 18 19 69 71 72 21 22 23 24 25 26 27 28 29 30 82 33 34 84 36 48. 49. 50 Total Total Indep Indep Total Total Depend Depend Total Claims Total Claims

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